



COME & TRY PROGRAM/ACTIVITY

_____ SLS CLUB (Club)

ACTIVITY _____

Date _____

PARTICIPANT DETAILS

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ Post Code: _____

Contact Phone: _____ Contact Email: _____

- Does the participant have any medical condition/s or health problem? [] YES [] NO

If Yes, please provide details of the medical condition or health problem below or attach to this form.

Medical condition/health problem: _____

If a medical emergency could occur, please provide any further relevant information?

Precautions to avoid emergency _____

How to recognise emergency _____

Emergency treatment required _____

- Does the participant take any prescribed medication (including inhalers)? [] YES [] NO

If "YES", please provide details of the medication

Please name any prescribed medication (including inhalers) taken by your child

Medication Name _____ Dose _____

When Taken _____

How Taken _____

Any side effects _____

Note: Any medication needed should be available during activities, with written notes of your child's name, medication, dose, etc.

PARENT/GUARDIAN/EMERGENCY CONTACT DETAILS

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Email: _____

PLEASE READ CAREFULLY

By signing below, I:

- (a) agree to waive and release, and will release, the Club and its personnel from any claims including but not limited to any negligent or reckless act or omission, that I may have, or may have had, but for this release arising from or in connection with my participation in any Surf Life Saving activity conducted by the Club and/or SLSSA;
(b) consent to the appointed doctors, coaches, staff and other officials of the Club to provide first aid to me and if required deliver me for treatment to the nearest operating and available medical facility if I am injured as a result of my participation in any Surf Life Saving activity conducted by the Club and/or SLSSA; and
(c) consent to the Club and SLSSA, using my name, image, likeness and also my performance in or of any Surf Life Saving Activity at any time to promote the Objects of the Club and/or SLSSA, by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS organisation. I acknowledge SLSSA's privacy policy may be found here: https://www.surflifesavingsa.com.au/privacy-policy.

Signature _____

Date: _____

(Parent/Guardian to sign if participant under 18)

OFFICE USE ONLY

Name: _____ Age group: _____ Medical Details: _____

Name of Parent / Guardian: _____ Emergency Phone Contact: _____